

Tow Truck Operator – Driver Declaration

Policy Number _____ Due Date ____ / ____ / ____ 4pm

Name of Insured _____

Name of Driver _____ Date of Birth ____ / ____ / ____

Licence Number _____ Expiry Date ____ / ____ / ____

Address _____

Suburb _____ Postcode _____

Phone _____ Mobile _____

Driving Commencement Date ____ / ____ / ____

Your Duty of Disclosure

Allianz Australia Insurance Limited is the insurer of this insurance to whom you have a duty of disclosure.

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Driving History

Please list your Commercial Motor Driving experience, including the names of your employers over the last five (5) years.

Have you in the last five (5) years:

Been refused any type of motor insurance or had a policy cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had a compulsory excess imposed or increased on any motor insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had a licence cancelled, endorsed or suspended for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been convicted of or had any fines or penalties imposed for illegal use of a motor vehicle (excluding demerit point offences)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any physical defect or infirmity which would affect the driving of any motor vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have ANY civil or criminal convictions, findings of guilt and/or pending charges (non-traffic) against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any other circumstance, not listed above, which would affect your ability to successfully and safely operate a motor vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes', to any of the above questions, FULL DETAILS must be disclosed in the space below: (including date, circumstances and detail of any penalties/conditions imposed)

Claims History

In the last three (3) years, have you...

Had an accident whilst driving a Tow Truck?

Yes No

Made a claim under any Tow Truck policy?

Yes No

This includes policies held by your previous and current employers, or a Tow Truck policy you have held yourself

Had any Motor Vehicle claims in the last three (3) years?

Yes No

If 'Yes', to any of the above questions, FULL DETAILS must be disclosed in the space below:

	Employer Name	Date	Who was deemed at fault? (Please select)	Full Details	Claim Value
1			<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$
2			<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$
3			<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$
4			<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$
5			<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$

I hereby declare that the above particulars and statements are true and correct and I have not withheld any relevant information:

Driver's Signature _____ Date ____/____/____

Authorised Employer Signature _____ Date ____/____/____